

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**41816**

**1. PLACE OF DEATH**

County Phelps  
Township Phelps  
City Phelps (No.     )

Registration District No. 677  
Primary Registration District No. 4403

File No.       
Registered No. 134  
St.      Ward     

**2. FULL NAME**

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1901

7. AGE YEARS 30 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone

10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) Topeka, Kas (STATE OR COUNTRY)

13. NAME Charles Rayle

14. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Farrel

16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

17. INFORMANT Mrs. Chas. E. Rayle (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester, N.Y. 1-1-1931

19. UNDERTAKER Harry H. McLean (ADDRESS)     

20. FILED Dec. 29 1931 Jos. F. Ayers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1931

22. I HEREBY CERTIFY, That I attended deceased from     , 19    , to     , 19    .

I last saw h.      alive on     , 19    . Death is said

to have occurred on the date stated above, at      m.

The principal cause of death and related causes of importance were as follows:

Dropped Dead on street Date of onset     

200 A Heart failure

L.P.

Other contributory causes of importance: Don't know

Name of operation      Date of     

What test confirmed diagnosis?      Was there an autopsy?     

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?      Date of injury     , 19    .

Where did injury occur?      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury     

Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?     

If so, specify     

(Signed) A. M. Light-Dromer

(Address) Rolla Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 2 1932

